

Recipient Committee
Campaign Statement
Cover Page
(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

F I L E	Date Stamp SEP 19 2002	CALIFORNIA 2001/02 FPPA	460
	Page 1 of 3	For Official Use Only	
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By [Signature]		[Signature]	

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 2/17/02
through 6/30/02

Date of election if applicable
(Month, Day, Year)

March 2002

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- ☒ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
(Also Complete Part 5)
- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee
- ☐ Ballot Measure Committee
☐ Primarily Formed
☐ Controlled
☐ Sponsored
(Also Complete Part 6)
- ☐ Primarily Formed Candidate/
Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- ☐ Preelection Statement
☒ Semi-annual Statement
☐ Termination Statement
☒ Amendment (Explain below)
- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER

93-0371

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Jim Silva for Supervisor

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Connie Silva

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

9-19-02

Date

Executed on

9/19/02

Date

Executed on

Date

Executed on

Date

By

Connie Silva

Signature of Treasurer or Assistant Treasurer

By

Jim Silva

Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee
Campaign Statement
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM 460

Page 2 of 3

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Jim Silva

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

O.C. Supervisor, District 2

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

[REDACTED ADDRESS]

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

383

Schedule E California FORM 460.....PAGE 8 OF 8
 PAYMENT AND CONTRIBUTIONS (Other Than Loans) MADE
 Statement covers period from 02/17/02 thru 06/30/02
 JIM SILVA FOR SUPERVISOR - ID#93-0371

NAME & ADDRESS OF PAYEE or CREDITOR (If Committee, also enter I.D. number)	CODE	DESCRIPTION OF PAYMENT	AMOUNT PAID
Vendor: Antonella Ristorante ...\$108.69 [REDACTED]	OFC	Business luncheon	
Vendor: Marie Callenders....\$125.10 [REDACTED]	OFC	Business lunches	
Vendor: Mr. Stox Restaurant.....\$178.40 [REDACTED]	FND		
Vendor: Horn's Restaurant.....\$113.49 [REDACTED]	OFC	Business lunches	
Vendor: Olive Garden.....\$289.69 [REDACTED]	OFC	Business lunches	
Vendor: Super Max Restaurant #2.....\$107.20 [REDACTED]	OFC	Business lunches	
Vendor: The Fairmont Hotel.....\$371.09 [REDACTED]	OFC	CRP Convention	
Jane Willet [REDACTED]	PRO		1581.62
Subtotal:			1581.62